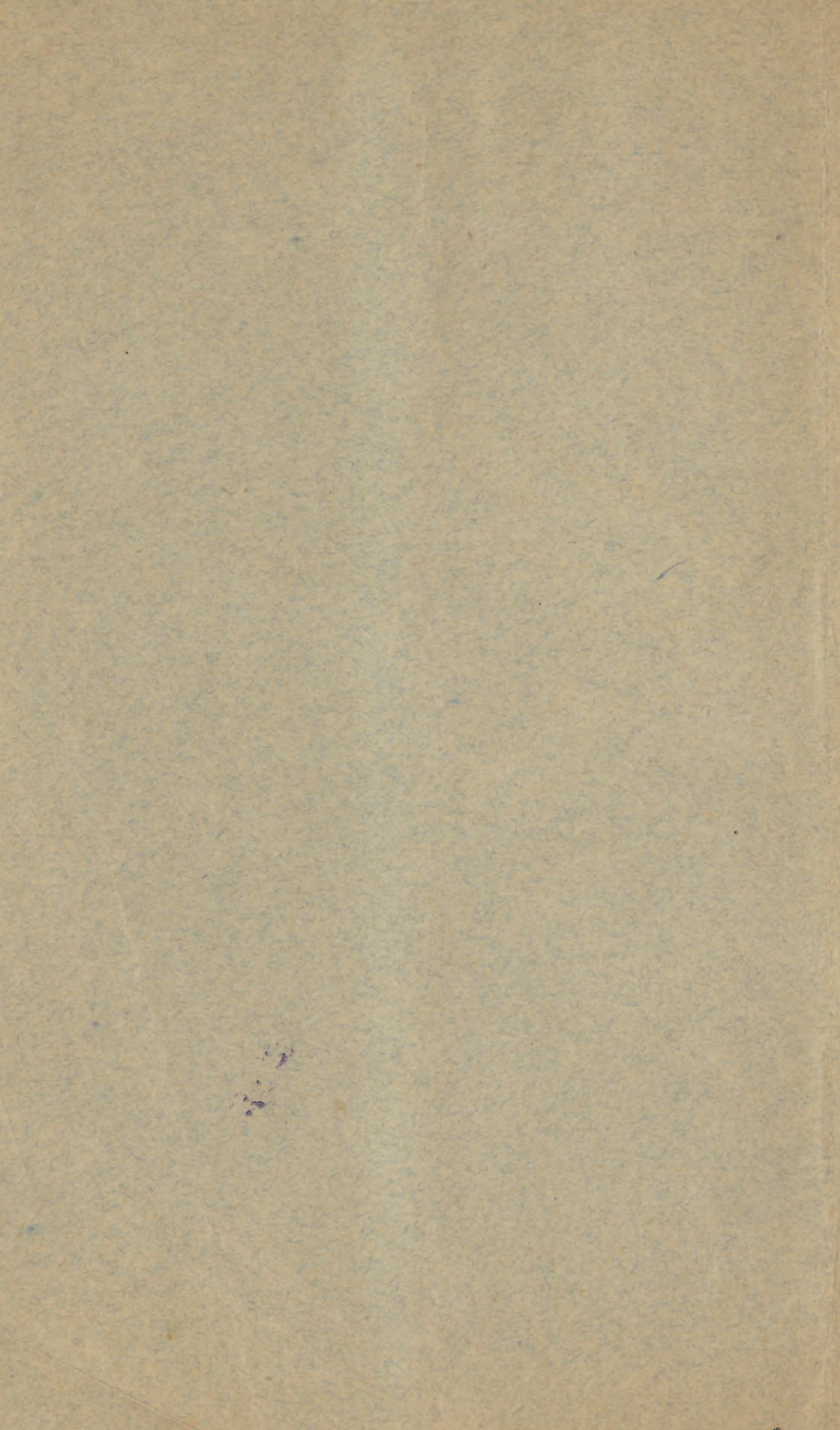


COHEN. (J. Solis)





DISEASES OF THE NOSE.  
DISEASES OF THE PHARYNX.

BY  
J. SOLIS-COHEN, M.D.,  
OF PHILADELPHIA,

PRESIDENT OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION; LECTURER ON LARYNGOSCOPY AND  
DISEASES OF THE THROAT AND CHEST IN JEFFERSON MEDICAL COLLEGE; PHYSICIAN TO  
THE JEFFERSON MEDICAL COLLEGE HOSPITAL AND TO THE GERMAN  
HOSPITAL OF PHILADELPHIA.





## DISEASES OF THE NOSE.

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and their Connection with Asthma, *ibid.*, Apl. 17th, 1880.—THORNTON, W. PUGIN: Treatment of Ozæna. Brit. Med. Jour., Mch. 27th, 1880.—HAMILTON: The Surgical Treatment of Epistaxis. Brit. Med. Jour., May 8th, 1880.—WAGNER, CLINTON: A Case of Acute Idiopathic Perichondritis of the Nasal Septum, Terminating in Abscess. Archives of Laryngology, N. Y., Mch., 1880.

## STENOSIS.

In re-writing his article on STENOSIS OF THE NASAL PASSAGES, Dr. B. Fraenkel alludes to cases such as are related by Jacoby (*Arch. f. Ohrenh.*, neue Folge, 6, p. 124), in which stenosis of the osseous framework of the nasal passages has produced such complete obstruction to nasal respiration as to prevent sleep, even under the influence of medicaments; and has thus been the immediate cause of marasmus and death.

## CORYZA.

A writer in the *Practitioner* (Jan., 1875) has suggested the prevention of attacks of coryza from draughts of cold air, by wearing cotton-wool in the ears during exposure.

Dr. Rudolpho Rudolphi states (*Gaz. med. Ital. Lomb.*, Jan., 1879) that an acute attack of coryza is often relieved in the course of half an hour, by slowly swallowing the saliva secreted while chewing a few dried leaves of *Eucalyptus globulus*. Some reports of this treatment, however, warn against depressing effects of the remedy, even though it stop the cold.

Dr. Hartmann recommends compression of the air in the nasal cavities by means of the Politzer air-douche, which drives the secretions out from the adjacent sinuses, and relieves the pains and disagreeable sensations. To prevent any undesirable effects on the middle ear, it is suggested that the external auditory canals be closed by the fingers during the process, to prevent too forcible pressure upon the drum membrane.

The writer may state in this connection that he has sometimes found considerable relief to follow an artificial evaporation of the serous fluids in those cases of acute catarrh which go by the name of "snuffles," and in the acute coryza attacks attendant upon some cases of bronchial asthma, by forcing a current of air through the nasal passages from the ordinary rubber ball and tube, such as is used to propel liquids in spray. The patient carries the little apparatus about him, and retires from time to time to use it as needed.

Porter recommends first relieving the irritation, and then promoting resolution. The patient inhales, several times a day, from a warm, dry goblet, twenty drops of a mixture composed of one drachm of iodine, and ten grains of iodide of potassium, in half an ounce each of ether and chloroform; the vapor from which often gives quick relief. Then he administers five or more grains of carbonate of ammonium every third hour, usually in combination with squill.

## CHRONIC CATARRH.

It has become quite common of late years to treat the hypertrophied membrane of the middle and lower turbinated bones in chronic nasal catarrh by the galvano-cautery and galvano-caustic loop, as long ago recommended by *Voltolini*. The loop is used in preference to the cautery whenever it is possible to ensnare a portion of the exuberant tissue; and the cautery in cases where this is impracticable. The eschars left by the process are allowed to fall off before the operation is repeated. Cutting these tissues, where practicable, by the cold loop, as long ago advised by the writer, is likewise coming into considerable use. It is more easy of execution than the use of the galvano-caustic loop, but has the disadvantage of producing hemorrhage, so that the electric method is often actually more time-saving in the long run. It is remarkable, in many instances, how these manipulations are tolerated without causing excessive pain. Occasionally the operations are practically painless. At times they are intensely painful. When there are no means of securing freedom of nasal respiration without the sacrifice of tissue, these procedures are perfectly justifiable. Indeed, they are sometimes essential pre-requisites to the cure of the catarrh.

*Gottstein* recommends the simple occlusion of the nasal passages by wad-tampon, retained for twenty-four hours in either nasal passage alternately. This prevents desiccation of the secretions, and diminishes fetor by keeping them fluid and thus retarding their decomposition.

*Thornton* has published a record of six cases of ozæna successfully treated by a nasal spray, applied cold with the hand-ball apparatus, at first daily, and then at longer intervals; and composed of one drachm each of carbonate and bichlorate of sodium, from half a drachm to two drachms of the chlorinated soda liquor, one ounce of glycerine, and sufficient water to make an eight-ounce mixture.

Evidence is accumulating in favor of the use of iodoform as a local application to diseased conditions of the nasal and naso-pharyngeal mucous membrane, whether ulcerated or not. This remedy is applied in powder, in solution in ether or chloroform, rubbed up with petroleum ointment, and in various other combinations.

Dr. *Allen* makes some pertinent suggestions as to the anatomical construction of the nasal chambers favoring the development of catarrh, when obstructions interfere with the efficiency of their respiratory functions. He places great importance upon the necessity of local surgical interference in overcoming these obstructions or removing them; and has adopted a series of devices for carrying out his procedures in the different portions of the passages; all of which is lucidly described and illustrated in his article.

In syphilitic manifestations, *Schuster* and *Sanger* use the curette or scraping spoon to remove the diseased tissue from the nasal cavity, and thus arrest its progress by contiguity.

## NASAL POLYPUS.

A novelty in treatment is extolled by Mr. *Reginald Harrison*. This consists in puncture from the anterior nares by the acupuncture needle, or by *Southey's* trocar, to drain away the serum. This is followed daily, for some time, by thoroughly injecting a solution of carbolic acid and glycerine. Dr. *Miller*, after evacuation by acupuncture, applies rectified spirit in spray, which diminishes the size of the tumor; in many instances, he reports, the polypi have shrivelled up and disappeared altogether.

Dr. *Thudichum*, who has long used the galvano-caustic snare in the removal of nasal polypi, again calls prominent attention to the great value of the procedure, as verified by more than three hundred personal cases.

Dr. *G. Troup Maxwell* recommends the plan first adopted by Dr. *J. H. Reeder*, of Laron, Ill. (*Chicago Med. Jour.*, Sept., 1859), consisting in injecting into the passage a drachm of the tincture of the chloride of iron, with an equal part of water; and kept in contact with the parts for a few seconds by bending the head backward. The procedure is repeated daily. The mucous polypi soon slough, it is said, and are then discharged. The treatment occupies from three to eight days.

## EPISTAXIS.

Mr. *Hamilton* advises the following procedure in arrest of EPISTAXIS: "Saturate a piece of linen material, about three feet long and one inch wide, in some astringent;—tea, alum-water, or preferably gallic acid and glycerine. This strip should be regarded as consisting of three parts, each intended for its own special position in the nasal passage. The end of the first portion should be grasped in the dressing forceps and passed along the floor of the passage and packed into the posterior naris until its presence can be distinctly felt by the finger-tip passed around the soft palate. The second portion should be gradually pressed into the roof of the nasal cavity; while the anterior naris should be filled with the remaining third. Thus every part is thoroughly tamponed. The plug should be left *in situ* until carried away by the natural secretion of the mucous membrane; any part protruding from the nostril being readily cut off with scissors."

Dr. *Spears* suggests as an appliance for carrying a tampon to the posterior naris the use of a flexible gold chain, a short strand of metallic cylindrical beads, or bird-shot compressed upon a cord; the object being that the weight of the appliance shall carry it along the floor of the nasal passage into the pharynx, whence it is drawn into the mouth for the purpose of attaching the tampon in the usual manner.

Mr. *Furneaux Jordan* contends that an ordinary uterine sponge-tent, passed along the floor of the nose, expands into all the cavities of the organ and occludes them effectually.

## DISEASES OF THE SEPTUM.

Thickenings of the septum of the nose are occasionally mistaken for tumors and exostoses, deceiving even experienced surgeons into performing unnecessary operations.

Access to intra-nasal osteomas and exostoses is sometimes practicable with the burr and drill of the surgical engine, sufficiently to avoid the necessity for external incisions upon the facial portion of the organ, as exemplified in a case under the writer's care, the mucous membrane and periosteum being first turned off and then replaced after the growth has been ground down. Care is necessary during the manipulation to provide for a stream of water to be kept playing upon the instrument, to keep down the heat from the friction and to wash away the detritus.

Dr. *Clinton Wagner* has described a rare case of acute idiopathic perichondritis of the nasal septum, terminating in abscess with profuse suppuration.

## DEFORMITIES.

Dr. *Weir's* method of relieving the deformity of a broken nose consists in an improvement on Mr. *Wm. Adams'* (London) method of refracture and reposition. His article is illustrated by photographs of two successful cases; one in the practice of Dr. *Little*. He performs an osteoplastic operation. *Packard's* bevelled incision is made not more than from one-eighth to one-quarter of an inch in length, over the greatest convexity of the bony deformity and parallel to the free border of the nose, so as to strike, as near as may be, the naso-maxillary junction. Then, by the introduction of a very narrow chisel through this small opening, he cuts through the bone with a few strokes of the mallet. If the tilting action of the imbedded chisel proves insufficient to loosen the other side of the nose, it is only necessary for him to chisel that side also, through the same and only incision. The parts are retained in position by compress and plaster, aided by the use of a nose-truss—a modification of that of *Adams*.

In deformity of the cartilaginous septum impeding respiration, Dr. *Goodwillie* reports success by cutting out the offending portion by means of a pair of gouge forceps, one blade of which is armed with a strong circular knife.

*Riedel* reports two cases of tuberculosis of the septum narium; one of ulceration of twenty-seven years' standing in a male fifty-three years of age, and the other of ulceration of eighteen months' standing in a female fifty-five years of age. Age and duration are opposed to the hypothesis, though the inference was based on microscopic investigations.

## DISEASES OF THE PHARYNX.

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### HYPERTROPHIED TONSILS.

*Quinart* describes a method of treating hypertrophy of the tonsils, in which he has been quite successful. "He covers his index-finger with alum, introduces it into the mouth, and brings it to bear directly on the tonsil, which is manipulated, with gradually increasing force, over as great an extent of its surface as can be reached. The operation is at first painful and disagreeable, but the discomfort is readily allayed by an emollient gargle. After a few repetitions it ceases to be painful, and the patients readily learn to practise it themselves."

### FOLLICULAR PHARYNGITIS.

The opinion is gaining ground that actual destruction of the groups

of enlarged follicles, whose existence gives the name to this affection, is absolutely essential to a cure of the disease.

Quite a number of practitioners, on both sides of the Atlantic, engaged in the special treatment of throat affections, express a decided preference for the incandescent galvano-cautery, with which one or more of the offending groups are destroyed daily or at longer intervals, until the pharynx has been cleared. Dr. *Foulis* occasionally prefers, and uses almost exclusively in his clinical practice, the tapering bulb of the ordinary potential cautery, at a dull red or even a black heat. Dr. *Lennox Browne* does not find it necessary to destroy the nodules themselves to effect their obliteration. He simply cuts off their blood supply, by destroying the continuity of the enlarged blood-vessels surrounding them, using the galvano-caustic point for the purpose, and trusts to their subsequent shrinking from want of nutritive fluids.

*Dabney* extols the free application of ergot, twice daily. He employs a solution of Squibb's solid extract, or ergotine, as it is sometimes called, composed of twenty grains of the extract, one fluid drachm of tincture of iodine, and seven fluid drachms of glycerine.

Dr. *Morell Mackenzie* makes great distinction between the hypertrophic and the exudative forms of follicular pharyngitis, and regulates his treatment of the disease accordingly. When the hypertrophic form exists alone, no remedy is considered by him so productive of good results as London paste, carefully applied to each elevation; not more than two or three being touched on the same day, for fear of exciting too great an amount of collateral inflammation. In the exudative form, his practice is first to scrape the mucous membrane with the curette, wherever the white spots of exudation appear; and having thus cleared the secretion away, to carefully apply a pointed stick of nitrate of silver to each spot which discharges an abnormal secretion.

In applying nitrate of silver to the pharynx and other accessible parts of the throat, the writer has of late years used with great success a simple device of his own which is safe in application, economical of material, and protective to adjacent tissues. The caustic is inclosed in a wooden sheath, in fact, the sheath of an ordinary lead-pencil, like which it is sharpened to a point as required. It can be held in contact with the tissues for several seconds, without breakage, or smearing of contiguous surfaces, and is thus rendered effective as a caustic in destroying the offending nodules. It is more easily managed than either London paste or any form of potential cautery.

*Stoerck* denies the follicular character of these groups of nodules, and declares them to be simply circumscribed masses of swollen epithelial cells denuded of their exterior squamous layer. He removes them bodily with gouge-forceps. Others scrape them off with the curette.

It is the writer's conviction that this destructive treatment is requisite only when it is evident that the nodules excite cough by direct or reflex action, or absolutely keep up the special annoyance or irritation for which the sufferer seeks relief. Many individuals present these enlargements

on examination, without ever having been conscious of even uneasy sensations in the throat. The promiscuous use of the galvano-cautery, gouge-forceps, and the like, seems liable to do injury, unless the proper cases are carefully selected by experienced practitioners.

## TUBERCULOSIS OF THE PHARYNX.

MILIARY TUBERCULOSIS OF THE PHARYNX, now that it is sought for, is being now and then reported. *Osler* has reported a case of chronic phthisis in which miliary tuberculosis existed in the pharynx as well as in the lungs. Numerous small, firm granulations, which, on examination, proved to be miliary tubercles, were scattered over the posterior and lateral walls of the pharynx. There was no involvement of the larynx, and no ulceration.

## DIPHTHERIA.

No new light has been thrown upon the question of the identity of croup with diphtheria.

As regards treatment of diphtheria, *Mr. Stuart* has recently reiterated his encomiums on the topical use of precipitated sulphur, which he now prefers to use rubbed up with a little water and applied with a swab to the desired spot, as easier, safer, and more accurate than any other method.

*Dr. Billington* reasserts his great success with the half-hourly or still more frequent use of teaspoonful doses of a mixture of two scruples of chlorate of potassium in half an ounce of glycerine and two and a half ounces of lime-water. This he frequently, though not invariably, alternates with equal doses of a mixture of one drachm of the tincture of the chloride of iron in an ounce each of glycerine and water. Meanwhile, he sprays the throat frequently with a mixture of ten minims of carbolic acid in four ounces of lime-water. The throat and nasal passages are kept thoroughly cleansed by frequent and efficient syringing with weak, tepid solutions of table-salt.

Great claims of success with benzoate of sodium, in large doses, have been advanced by *Letzerich*, attributed to asserted arrest in the development of the diphtheritic bacteria. These claims have received a certain amount of support from a number of writers, but the weight of rendered evidence is as yet undecisive, to say the least, and a good deal is unfavorable. The formula used by *Letzerich* consists of five grammes of pure benzoate of sodium, dissolved in forty grammes each of distilled water and peppermint water, to which are added ten grammes of syrup of orange-peel. To infants less than one year old, two teaspoonfuls of this are given every hour; to children from one to three years of age, a tablespoonful, the amount of benzoate of soda in the mixture being increased from five to seven or eight grammes; for children from three to seven years old, the proportion of the drug is increased to from eight to ten grammes; for those over seven,

to from ten to fifteen grammes; and for adults, the proportion is from fifteen to twenty-five grammes. The false membranes are dusted with the powder of benzoate of sodium, blown through a quill or other tube, two or three times daily in light cases, and every three hours in severe ones. It is also administered in gargles, a five-per-cent solution being sufficient for older children.

For removing false membranes bodily from the larynx, when required, *Mackenzie* recommends an ingenious special device of his own, consisting in a squirrel-hair brush, the hairs of which are directed upwards. Its advantage for the purpose over the usual form of brush is apparent.

